Abstract	tracking	number:	

Form 3 of 3

Centers for Disease Control and Prevention (CDC) Continuing Education Conflict of Interest Disclosure Form

As an accredited provider of continuing education, CDC must insure balance, independence, objectivity, and scientific rigor in all of its activities. All presenters are expected to disclose to the audience any significant financial interest or other relationship (1) with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and (2) with any commercial supporters of the activity. Significant financial interest or other relationship may include grants or research support, being an employee, or consultant, major stock holder, member of speakers bureau, etc. The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgements. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

Title of CE Activity:	2001 Cancer Conference, Using Science to Build Comprehensive Cancer Programs: A 2001 Odyssey		
Date of Activity: September 4-7, 2001			
Presenter's Name:			
Title of Presentation:			
1. I am a Federal employ If Yes, I understand that I	am prohibited from having any financial interest in areas in which I conduct official business.		
If Yes, do you have a sign	include any discussion of commercial products or services? Yes No nificant financial interest or other relationship with the manufacturer(s) of any of the products or providers(s) of any of the cuss? Yes No		
If Yes, please list the man	ufacturer(s) or provider(s) and describe the nature of the relationship(s).		
Yes No	include any discussion of unlabeled use of a commercial product, or a product for investigational use? product and the unlabeled or investigational use.		
4. Is this activity support	ed by funding from an external source? Yes No		
If yes, do you have a sign	nificant relationship(s) with this/these external sources(s)? Yes No		
If yes, please list the relev	rant external source(s) and describe the nature of the relationship(s).		
Signature			

All four (4) forms (abstract, biographical data, conflict of interest, and checklist) must be received at PSA no later than 5:00 pm on Monday, March 19, 2001

A conflict of interest disclosure form must be completed by each speaker for every presentation.